

Worksite Challenge: Fit with 5

Team Registration

(For Team Captains)

Individual or Team _____

Team Name _____

Team Captain _____

Please Print

NAME	DEPT. OR AREA	MAILING ADDRESS	PHONE # FAX #	E-MAIL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Return to Coordinator by (DATE)